

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 12846

☐ Check if different than previously reported. (ACC)

AUSTIN

TX

78711

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358903

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MEREDITH HEYDE

Signature of Treasurer

MEREDITH HEYDE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 31 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y Y 06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2013		185061.63
(b) Cash on Hand at Beginning of Reporting Period.....	185061.63	
(c) Total Receipts (from Line 19)	160515.29	160515.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	345576.92	345576.92
7. Total Disbursements (from Line 31)	18742.00	18742.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	326834.92	326834.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

38750.00

38750.00

(ii) Unitemized

70378.00

70378.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

109128.00

109128.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

109128.00

109128.00

12. Transfers From Affiliated/Other

Party Committees.....

51387.29

51387.29

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

160515.29

160515.29

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

160515.29

160515.29

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11242.00	11242.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11242.00	11242.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18742.00	18742.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18742.00	18742.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	109128.00	109128.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109128.00	109128.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	11242.00	11242.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	11242.00	11242.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JULIE ADKINS

Mailing Address 208 SUSANN DRIVE

City

WEST FRANKFORT

State

IL

Zip Code

62896-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIMCA

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5244

Amount of Each Receipt this Period

130.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

B. Amanda Al-Khudairi

Mailing Address 8308 S. Lorimer Ln.

City

Sandy

State

UT

Zip Code

84070-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB Emergency Services

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5199

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

Mailing Address P.O. BOX 12846

City

AUSTIN

State

TX

Zip Code

78711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

02 / 28 / 2013

Transaction ID : SA11AI.5242

Amount of Each Receipt this Period

1005.00

In-kind - Silent Auction Items

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

Mailing Address P.O. BOX 12846

City
AUSTIN

State
TX

Zip Code
78711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3560.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2013

Transaction ID : SA11AI.5307

Amount of Each Receipt this Period

2555.00

In-kind - Silent Auction Items

Full Name (Last, First, Middle Initial)

B. Susan Apold

Mailing Address 25 Pamela Ln

City

New Rochelle

State

NY

Zip Code

10804-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health System

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Tonya Appleby

Mailing Address P.O. Box 321

City

Perryville

State

MD

Zip Code

21903-0321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Take Care Health

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cathy Arvidson

Mailing Address 2487 Blue Canyon Cir

City

Idaho Falls

State

ID

Zip Code

83402-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer

River University

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11AI.4992

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

B. Cathy Arvidson

Mailing Address 2487 Blue Canyon Cir

City

Idaho Falls

State

ID

Zip Code

83402-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer

River University

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11AI.5219

Amount of Each Receipt this Period

50.00

In-kind - Raffle Item

Full Name (Last, First, Middle Initial)

C. Cathy Arvidson

Mailing Address 2487 Blue Canyon Cir

City

Idaho Falls

State

ID

Zip Code

83402-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer

River University

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2013

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

380.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cathy Arvidson

Mailing Address 2487 Blue Canyon Cir

City

Idaho Falls

State

ID

Zip Code

83402-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer

River University

Occupation

FNP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

580.00

Date of Receipt

04 / 23 / 2013

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Deanna Babb

Mailing Address 2701 Ivy Dr.

City

Great Falls

State

MT

Zip Code

59404-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montana St Univ

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

312.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5250

Amount of Each Receipt this Period

112.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

C. Deanna Babb

Mailing Address 2701 Ivy Dr.

City

Great Falls

State

MT

Zip Code

59404-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montana St Univ

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

332.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5098

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

332.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Louann Bailey

Mailing Address 3060 Rainbow Ln

City

Richfield

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Ohio Cardiovascular

Occupation

ACNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

04 / 23 / 2013

Transaction ID : SA11AI.5053

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Louann Bailey

Mailing Address 3060 Rainbow Ln

City

Richfield

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Ohio Cardiovascular

Occupation

ACNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5301

Amount of Each Receipt this Period

100.00

In-kind - Silent Auction Item

Full Name (Last, First, Middle Initial)

C. Kevin Ballard

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 25 / 2013

Transaction ID : SA11AI.5045

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kevin Ballard

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

FNP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Virginia Beaton

Mailing Address 16 Pine Ridge Dr.

City

Smithtown

State

NY

Zip Code

11787-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTMB

Occupation

WHNP-BC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.5160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Judith Berg

Mailing Address 800 the Mark Ln

City

San Diego

State

CA

Zip Code

92101-7173

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of San Diego

Occupation

WHNP/Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 23 / 2013

Transaction ID : SA11AI.4962

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Judith Berg

Mailing Address 800 the Mark Ln

City

San Diego

State

CA

Zip Code

92101-7173

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of San Diego

Occupation

WHNP/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5300

Amount of Each Receipt this Period

650.00

In-kind - Silent Auction Items

Full Name (Last, First, Middle Initial)

B. Judith Berg

Mailing Address 800 the Mark Ln

City

San Diego

State

CA

Zip Code

92101-7173

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of San Diego

Occupation

WHNP/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5368

Amount of Each Receipt this Period

213.00

In-kind - PAC Event Decorations

Full Name (Last, First, Middle Initial)

c. Debra Berry

Mailing Address 1303 NE 1st Ave.

City

Cape Coral

State

FL

Zip Code

33909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee Memorial Hospital

Occupation

ARNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5107

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

963.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christina Blanco

Mailing Address 6908 Crown Ridge Dr.

City

El Paso

State

TX

Zip Code

79912-7236

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Vicente

Occupation

WHNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5185

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Andrea Brassard

Mailing Address 4701 Ramsgate Ln.

City

Bowie

State

MD

Zip Code

20715-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healing Clinic at Family Medic

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5253

Amount of Each Receipt this Period

500.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

C. Richard Brown

Mailing Address 4924 Branch Mill Cir

City

Mountain Brook

State

AL

Zip Code

35223-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 29 / 2013

Transaction ID : SA11AI.5140

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

740.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patience Cain

Mailing Address 4327 Millstead St.

City

San Antonio

State

TX

Zip Code

78230-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Tx Medicine

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5176

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mary Eileen Callan

Mailing Address 1410 Harris Road

City

Webster

State

NY

Zip Code

14580-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Family Medicine

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 06 / 2013

Transaction ID : SA11AI.5158

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Doreen Cassarino

Mailing Address 4981 Boxwood Way

City

Naples

State

FL

Zip Code

34116-3929

FEC ID number of contributing
federal political committee.

C

Name of Employer

NCHMD

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

02 / 28 / 2013

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Doreen Cassarino

Mailing Address 4981 Boxwood Way

City State Zip Code
 Naples FL 34116-3929

FEC ID number of contributing
federal political committee.

C

Name of Employer

NCHMD

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2013

Transaction ID : SA11AI.5034

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Melissa Christiansen

Mailing Address 26481 Conestoga Ct.

City State Zip Code
 Menifee CA 92586-3457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Medical Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Melissa Christiansen

Mailing Address 26481 Conestoga Ct.

City State Zip Code
 Menifee CA 92586-3457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Medical Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.4980

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Melissa Christiansen

Mailing Address 26481 Conestoga Ct.

City

Menifee

State

CA

Zip Code

92586-3457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Medical Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.4977

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Keven Comer

Mailing Address 509 Tillyfour Rd.

City

Bozerman

State

MT

Zip Code

59718-9676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bozerman Deaconess Health Grp

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5174

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cindy Cooke

Mailing Address 5005 Red Mile Ct. SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

04 / 23 / 2013

Transaction ID : SA11AI.5103

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

470.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Katherine Darling

Mailing Address 637 Cougar Ln

City

Mountain Home

State

AR

Zip Code

72653-8878

FEC ID number of contributing
federal political committee.

C

Name of Employer

District Medical Group of AR

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 28 / 2013

Transaction ID : SA11AI.5118

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James Dickens

Mailing Address 2717 Crater Lake Ln

City

Denton

State

TX

Zip Code

76210-3378

FEC ID number of contributing
federal political committee.

C

Name of Employer

SNCH

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 24 / 2013

Transaction ID : SA11AI.5191

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Robert Donaldson

Mailing Address 2924 State Route 209

City

Kingston

State

NY

Zip Code

12401-7853

FEC ID number of contributing
federal political committee.

C

Name of Employer

EOS Medical Group

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period

290.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

590.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cindy Edwards-Tuttle

Mailing Address 3617 Swallow Tail Ln.

City State Zip Code
Sylvania OH 43560-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronson Lakeview Hospital

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period

460.00

Full Name (Last, First, Middle Initial)

B. Cindy Edwards-Tuttle

Mailing Address 3617 Swallow Tail Ln.

City State Zip Code
Sylvania OH 43560-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronson Lakeview Hospital

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11AI.5223

Amount of Each Receipt this Period

50.00

In-kind - Raffle Item

Full Name (Last, First, Middle Initial)

C. Cindy Edwards-Tuttle

Mailing Address 3617 Swallow Tail Ln.

City State Zip Code
Sylvania OH 43560-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronson Lakeview Hospital

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2013

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

710.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Joy Elwell

Mailing Address 47 Interlaken Dr

City State Zip Code
 Eastchester NY 10709-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Joy Elwell FNP, LLC

Occupation
 FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2013

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Steven Evans

Mailing Address 7421 E. Sunburst Ct.

City State Zip Code
 Columbia MO 65201-6965

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Family Health Center

Occupation
 FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2013

Transaction ID : SA11AI.4954

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

C. Rhonda Freepartner

Mailing Address 111 Park Hill Ln.

City State Zip Code
 Mt. Washington KY 40047-6326

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Spalding University

Occupation
 NP Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2013

Transaction ID : SA11AI.4965

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Donald Gardenier

Mailing Address 2621 Palisade Ave.

City State Zip Code
 Bronx NY 10463

FEC ID number of contributing federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 01 / 2013

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Linda Gehrke

Mailing Address 2301 Georgetown Dr.

City State Zip Code
 Iowa Falls IA 50126-1550

FEC ID number of contributing federal political committee.

C

Name of Employer

Hubbard Medical Clinic

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : SA11AI.5075

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Nancy George

Mailing Address 2108 Burns St

City State Zip Code
 Detroit MI 48214-2851

FEC ID number of contributing federal political committee.

C

Name of Employer

WSU

Occupation

Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

1400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Angela Golden

Mailing Address P.O. Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Home LLC

Occupation

Nurse Practitioner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2013

Transaction ID : SA11AI.4987

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Angela Golden

Mailing Address P.O. Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Home LLC

Occupation

Nurse Practitioner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11AI.4986

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Margaret Graham

Mailing Address 5826 Heritage Lakes Dr.

City

Hilliard

State

OH

Zip Code

43026-7617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Serene Clinic

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2013

Transaction ID : SA11AI.5119

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KATHLEEN HAYCRAFT

Mailing Address 308 HUCKLEBERRY HEIGHTS DR

City State Zip Code
HANNIBAL MO 63401

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIVERSIDE DERMATOLOGY

Occupation

FNP, DCNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. David Hebert

Mailing Address 225 Reinekers Ln
Suite 525

City State Zip Code
Alexandria VA 22314-2880

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANP

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. David Hebert

Mailing Address 225 Reinekers Ln
Suite 525

City State Zip Code
Alexandria VA 22314-2880

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANP

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5063

Amount of Each Receipt this Period

3.00

SUBTOTAL of Receipts This Page (optional)..... ►

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803.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MEREDITH HEYDE

Mailing Address 105 QUAIL RIDGE DR.

City State Zip Code
SIMPSONVILLE SC 29680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Clinic

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2013

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MEREDITH HEYDE

Mailing Address 105 QUAIL RIDGE DR.

City State Zip Code
SIMPSONVILLE SC 29680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Clinic

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2013

Transaction ID : SA11AI.5231

Amount of Each Receipt this Period

150.00

In-kind - Silent Auction

Full Name (Last, First, Middle Initial)

C. Karen Hoyt

Mailing Address 211 Dahlia Ave.

City State Zip Code
Imperial Beach CA 91932-1944

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary Medical Center

Occupation
FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2013

Transaction ID : SA11AI.5256

Amount of Each Receipt this Period

100.00

In-kind - Silent Auction Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Karen Hoyt

Mailing Address 211 Dahlia Ave.

City

Imperial Beach

State

CA

Zip Code

91932-1944

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary Medical Center

Occupation

FNP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5306

Amount of Each Receipt this Period

200.00

In-kind - Silent Auction Item

Full Name (Last, First, Middle Initial)

B. Marianne Hurley

Mailing Address 170 Silver Lake Ave.

City

Wakefield

State

RI

Zip Code

02879-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Medicine/Geriatrics

Occupation

GNP/Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

305.00

Date of Receipt

04 / 24 / 2013

Transaction ID : SA11AI.5062

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Marianne Hurley

Mailing Address 170 Silver Lake Ave.

City

Wakefield

State

RI

Zip Code

02879-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Medicine/Geriatrics

Occupation

GNP/Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5303

Amount of Each Receipt this Period

100.00

In-kind - Silent Auction Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Julia James

Mailing Address P.O. Box 127 129 S. Main St.

City State Zip Code
 Clio SC 29525-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Marlboro Primary Care

Occupation
 NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5037

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Julia James

Mailing Address P.O. Box 127 129 S. Main St.

City State Zip Code
 Clio SC 29525-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Marlboro Primary Care

Occupation
 NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5039

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Julia James

Mailing Address P.O. Box 127 129 S. Main St.

City State Zip Code
 Clio SC 29525-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Marlboro Primary Care

Occupation
 NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Penny Kaye Jensen

Mailing Address 2461 E. Kensington Ave.

City State Zip Code
Salt Lake City UT 84108-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salt Lake City Veterans Affair

Occupation
FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11AI.4960

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

B. Penny Kaye Jensen

Mailing Address 2461 E. Kensington Ave.

City State Zip Code
Salt Lake City UT 84108-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salt Lake City Veterans Affair

Occupation
FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11AI.5233

Amount of Each Receipt this Period

250.00

In-kind - Silent Auction

Full Name (Last, First, Middle Initial)

C. Penny Kaye Jensen

Mailing Address 2461 E. Kensington Ave.

City State Zip Code
Salt Lake City UT 84108-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salt Lake City Veterans Affair

Occupation
FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Penny Kaye Jensen

Mailing Address 2461 E. Kensington Ave.

City	State	Zip Code
Salt Lake City	UT	84108-2415

FEC ID number of contributing federal political committee.

C

Name of Employer

Salt Lake City Veterans Affair

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.4959

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Penny Kaye Jensen

Mailing Address 2461 E. Kensington Ave.

City	State	Zip Code
Salt Lake City	UT	84108-2415

FEC ID number of contributing federal political committee.

C

Name of Employer

Salt Lake City Veterans Affair

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5305

Amount of Each Receipt this Period

100.00

In-kind - Silent Auction Item

Full Name (Last, First, Middle Initial)

C. Penny Kaye Jensen

Mailing Address 2461 E. Kensington Ave.

City	State	Zip Code
Salt Lake City	UT	84108-2415

FEC ID number of contributing federal political committee.

C

Name of Employer

Salt Lake City Veterans Affair

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1301.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period

451.00

In-kind - PAC Event Decorations

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

751.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Casey Jones

Mailing Address 5057 Copperglen Cir

City State Zip Code
 Colleyville TX 76034-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tx Pulmonary & Critical Care

Occupation

NP/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Maria Kidner

Mailing Address 1538 Arctic Willow Ct.

City State Zip Code
 Cheyenne WY 82009-9759

FEC ID number of contributing
federal political committee.

C

Name of Employer

CRMC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5302

Amount of Each Receipt this Period

100.00

In-kind - Silent Auction Item

Full Name (Last, First, Middle Initial)

C. Maria Kidner

Mailing Address 1538 Arctic Willow Ct.

City State Zip Code
 Cheyenne WY 82009-9759

FEC ID number of contributing
federal political committee.

C

Name of Employer

CRMC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5007

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

740.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Maria Kidner

Mailing Address 1538 Arctic Willow Ct.

City

Cheyenne

State

WY

Zip Code

82009-9759

FEC ID number of contributing
federal political committee.

C

Name of Employer

CRMC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5252

Amount of Each Receipt this Period

80.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

B. Joyce Knestrick

Mailing Address 801 Alamae Lakes Rd

City

Washington

State

PA

Zip Code

15301-9150

FEC ID number of contributing
federal political committee.

C

Name of Employer

MDNJ

Occupation

APN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2013

Transaction ID : SA11AI.5183

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Gloria Koroma

Mailing Address 3015 Chaucer Dr.

City

Laredo

State

TX

Zip Code

78041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Cardiology Assoc.

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5111

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

380.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mary Koslap-Petraco

Mailing Address 73 Ireland Pl

City
Amityville

State
NY

Zip Code
11701-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suffolk Cty Dept of Health

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.5122

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Nancy Lawton

Mailing Address 2289 NE 61st St.

City
Seattle

State
WA

Zip Code
98115-7016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neighborcare Health Greenwood

Occupation
FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.4963

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nancy Lawton

Mailing Address 2289 NE 61st St.

City
Seattle

State
WA

Zip Code
98115-7016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neighborcare Health Greenwood

Occupation
FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5251

Amount of Each Receipt this Period

175.00

In-kind - State Basket Raffle Donation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nanette Leblanc

Mailing Address 1305 Shirley Dr.

City State Zip Code
 Metairie LA 70001-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Hospital

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Colleen Leners

Mailing Address 3738 Via Del Conquistador

City State Zip Code
 San Diego CA 92117-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Medical Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 01 / 2013

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Teresita Leynes

Mailing Address 15 Edgegrove St.

City State Zip Code
 Edison NJ 08837-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11AI.5066

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

520.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gregory Lind

Mailing Address 1001 2nd Ave. W. Apt 301

City State Zip Code
Seattle WA 98119-3572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Serene Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

B. Denise Link

Mailing Address P.O. Box 40356

City State Zip Code
Phoenix AZ 85067-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona State University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2013

Transaction ID : SA11AI.5138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Denise Link

Mailing Address P.O. Box 40356

City State Zip Code
Phoenix AZ 85067-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona State University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.5136

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

445.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lenora Lorenzo

Mailing Address PO Box 474 62-394 JP Leong Hw

City State Zip Code
Haleiwa HI 96712-0474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ER

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 28 / 2013

Transaction ID : SA11AI.5128

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Lenora Lorenzo

Mailing Address PO Box 474 62-394 JP Leong Hw

City State Zip Code
Haleiwa HI 96712-0474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ER

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5208

Amount of Each Receipt this Period

1100.00

In-kind - Silent Auction - 7 day Hawaiian Vacation Condo

Full Name (Last, First, Middle Initial)

C. Sean Lyon

Mailing Address P.O. Box 76

City State Zip Code
Grantham NH 03753-0076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Life Long Care

APRN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2013

Transaction ID : SA11AI.5148

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sean Lyon

Mailing Address P.O. Box 76

City

Grantham

State

NH

Zip Code

03753-0076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Life Long Care

Occupation

APRN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5149

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Heide Maloni

Mailing Address 5 Chevy Chase Cir

City

Chevy Chase

State

MD

Zip Code

20815-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Practical Healthcare Solutions

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2013

Transaction ID : SA11AI.4966

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Frank Manole

Mailing Address 9200 Leeds Ct.

City

Raleigh

State

NC

Zip Code

27615-2042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Med Health Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dave Mason

Mailing Address 2625 N. Pocomoke Street

City

Arlington

State

VA

Zip Code

22207-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANP

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 01 / 2013

Transaction ID : SA11AI.4973

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dave Mason

Mailing Address 2625 N. Pocomoke Street

City

Arlington

State

VA

Zip Code

22207-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANP

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ladonna Maxwell

Mailing Address 294 Wilson Butte Rd.

City

Great Falls

State

MT

Zip Code

59405-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri River Healthcare

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.4957

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ladonna Maxwell

Mailing Address 294 Wilson Butte Rd.

City

Great Falls

State

MT

Zip Code

59405-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri River Healthcare

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2013

Transaction ID : SA11AI.4956

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kristin McElwain

Mailing Address 923 E. Austin Ave.

City

Salt Lake City

State

UT

Zip Code

84106-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2013

Transaction ID : SA11AI.5088

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Kristin McElwain

Mailing Address 923 E. Austin Ave.

City

Salt Lake City

State

UT

Zip Code

84106-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11AI.5087

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

1280.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kristin McElwain

Mailing Address 923 E. Austin Ave.

City

Salt Lake City

State

UT

Zip Code

84106-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5089

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Kelly McGee

Mailing Address 8148 Saybrook Dr.

City

Westerville

State

OH

Zip Code

43082-9338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Takecare Health Systems

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5135

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Joanne McLaughlin

Mailing Address 54178 State Highway 30

City

Roxbury

State

NY

Zip Code

12474-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Take Care Health

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 19 / 2013

Transaction ID : SA11AI.5164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. William McLean

Mailing Address P.O. Box 64 86 Ramah Rd.

City

Fairton

State

NJ

Zip Code

08320-0064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2013

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Rosalinda Morales

Mailing Address 11805 Meadowglen Ln

City

Houston

State

TX

Zip Code

77082-2778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Katy VA Outpatient Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

04 / 25 / 2013

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Rosalinda Morales

Mailing Address 11805 Meadowglen Ln

City

Houston

State

TX

Zip Code

77082-2778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Katy VA Outpatient Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

05 / 28 / 2013

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Rosalinda Morales

Mailing Address 11805 Meadowglen Ln

City State Zip Code
Houston TX 77082-2778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Katy VA Outpatient Clinic

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2013

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. KATHY MORRIS

Mailing Address 2842 105TH ST

City State Zip Code
TABOR IA 51653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Nebraska Medical Ctr

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2013

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. KATHY MORRIS

Mailing Address 2842 105TH ST

City State Zip Code
TABOR IA 51653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Nebraska Medical Ctr

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lee Moss

Mailing Address 828 E. 17th Ave.

City State Zip Code
Salt Lake City UT 84103-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Burn Center

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2013

Transaction ID : SA11AI.5051

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Lee Moss

Mailing Address 828 E. 17th Ave.

City State Zip Code
Salt Lake City UT 84103-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Burn Center

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11AI.5052

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Lee Moss

Mailing Address 828 E. 17th Ave.

City State Zip Code
Salt Lake City UT 84103-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Burn Center

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11AI.5226

Amount of Each Receipt this Period

100.00

In-kind - Raffle basket

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lee Moss

Mailing Address 828 E. 17th Ave.

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Burn Center

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

445.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Debra Nieuwkoop

Mailing Address 3888 Hazelett Dr.

City

Waterford

State

MI

Zip Code

48328-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Visiting Physicians Assn

Occupation

APNP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 24 / 2013

Transaction ID : SA11AI.5331

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Margaret O'Donnell

Mailing Address 1117 Northern Blvd.

City

Baldwin

State

NY

Zip Code

11510-4914

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Wassau Community Hosp

Occupation

FNP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

505.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period

305.00

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Marylee Pakieser

Mailing Address 1230 Randall Ct.

City

Traverse City

State

MI

Zip Code

49686-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer

VHA

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Debra Palmer

Mailing Address 1761 Navaja Rd.

City

El Cajon

State

CA

Zip Code

92020-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Azusa Pacific University

Occupation

Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5173

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Patricia Pearce

Mailing Address 1905 River Way Dr.

City

Hoover

State

AL

Zip Code

35244-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

04 / 23 / 2013

Transaction ID : SA11AI.5012

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

440.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patricia Pearce

Mailing Address 1905 River Way Dr.

City

Hoover

State

AL

Zip Code

35244-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

05 / 28 / 2013

Transaction ID : SA11AI.5014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patricia Pearce

Mailing Address 1905 River Way Dr.

City

Hoover

State

AL

Zip Code

35244-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5015

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Christine Peterson

Mailing Address P.O. Box 102 205 11th Ave NW

City

Bowman

State

ND

Zip Code

58623-0102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muskingim Valley Health Center

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5243

Amount of Each Receipt this Period

75.00

In-kind - State Basket Raffle Donation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Charon Pierson

Mailing Address 4521 E. Walnut Rd.

City State Zip Code
 Gilbert AZ 85298-8315

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANP

Occupation

Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.5077

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Barbara Pyle

Mailing Address 128 Archery Rd.

City State Zip Code
 Berlin PA 15530-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highlands Family Medicine

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lorraine Reiser

Mailing Address 3878 Brighton Rd

City State Zip Code
 Pittsburgh PA 15212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hilltop Community Health Care

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 24 / 2013

Transaction ID : SA11AI.5152

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lorraine Reiser

Mailing Address 3878 Brighton Rd

City State Zip Code
Pittsburgh PA 15212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hilltop Community Health Care

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2013

Transaction ID : SA11AI.5150

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mary Ellen Roberts

Mailing Address 10 Meadowbrook Dr.

City State Zip Code
Short Hills NJ 07078-3316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Contract Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2013

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mary Ellen Roberts

Mailing Address 10 Meadowbrook Dr.

City State Zip Code
Short Hills NJ 07078-3316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Contract Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2013

Transaction ID : SA11AI.5304

Amount of Each Receipt this Period

395.00

In-kind - Silent Auction Items

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mary Ellen Roberts

Mailing Address 10 Meadowbrook Dr.

City

Short Hills

State

NJ

Zip Code

07078-3316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Contract Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period

171.00

In-kind - PAC Event Decorations

Full Name (Last, First, Middle Initial)

B. Gwen Rohde-Witzel

Mailing Address 10643 111th Ave NE

City

Langdon

State

ND

Zip Code

58249-9138

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCMH Clinic Walhalla

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2013

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Gwen Rohde-Witzel

Mailing Address 10643 111th Ave NE

City

Langdon

State

ND

Zip Code

58249-9138

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCMH Clinic Walhalla

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 26 / 2013

Transaction ID : SA11AI.5031

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

571.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gwen Rohde-Witzel

Mailing Address 10643 111th Ave NE

City

Langdon

State

ND

Zip Code

58249-9138

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCMH Clinic Walhalla

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5033

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Gail Sadler

Mailing Address 9756 62nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33708-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCFP

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

02 / 28 / 2013

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period

420.00

Full Name (Last, First, Middle Initial)

c. Gail Sadler

Mailing Address 9756 62nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33708-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCFP

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.4969

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

640.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gail Sadler

Mailing Address 9756 62nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33708-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCFP

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5254

Amount of Each Receipt this Period

75.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

B. Gail Sadler

Mailing Address 9756 62nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33708-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCFP

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.4968

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Deborah Scheurell

Mailing Address 452 S. Leaf Ave.

City

West Covina

State

CA

Zip Code

91791-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Molina HC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5155

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City State Zip Code
 White Hall MD 21161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013

Transaction ID : SA11AI.5329

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City State Zip Code
 White Hall MD 21161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.5001

Amount of Each Receipt this Period

185.00

Full Name (Last, First, Middle Initial)

C. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City State Zip Code
 White Hall MD 21161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.5002

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

405.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City

White Hall

State

MD

Zip Code

21161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.4999

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City

White Hall

State

MD

Zip Code

21161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5003

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Cherese Severson

Mailing Address 942 W. Yosemite Dr.

City

Meridian

State

ID

Zip Code

83646-4964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Alphonsus Medical Group

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5247

Amount of Each Receipt this Period

100.00

In-kind - State Basket Raffle Donation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jacolin Shifrar

Mailing Address 1150 E. 3900 S.

City

Salt Lake City

State

UT

Zip Code

84124-1282

FEC ID number of contributing
federal political committee.

C

Name of Employer

GYN Affiliates

Occupation

WHNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 14 / 2013

Transaction ID : SA11AI.5055

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Jacolin Shifrar

Mailing Address 1150 E. 3900 S.

City

Salt Lake City

State

UT

Zip Code

84124-1282

FEC ID number of contributing
federal political committee.

C

Name of Employer

GYN Affiliates

Occupation

WHNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.5229

Amount of Each Receipt this Period

100.00

In-kind - Silent Auction Item

Full Name (Last, First, Middle Initial)

C. Catherine Shull

Mailing Address 902 Downy Cir

City

Kearney

State

MO

Zip Code

64060-7978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mosaic Life Care

Occupation

APRN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5194

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)..... ►

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520.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Julie Stanik-Hutt

Mailing Address 516 Bay Hills Dr.

City

Arnold

State

MD

Zip Code

21012-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hopkins Univ

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5020

Amount of Each Receipt this Period

245.00

Full Name (Last, First, Middle Initial)

B. Julie Stanik-Hutt

Mailing Address 516 Bay Hills Dr.

City

Arnold

State

MD

Zip Code

21012-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hopkins Univ

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5249

Amount of Each Receipt this Period

55.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

C. Julie Stanik-Hutt

Mailing Address 516 Bay Hills Dr.

City

Arnold

State

MD

Zip Code

21012-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hopkins Univ

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.5018

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sophia Thomas

Mailing Address 218 Metairie Heights Ave.

City State Zip Code
Metairie LA 70001-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Community Health

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : SA11AI.5021

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Sophia Thomas

Mailing Address 218 Metairie Heights Ave.

City State Zip Code
Metairie LA 70001-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Community Health

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11AI.5255

Amount of Each Receipt this Period

100.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

C. Deborah Varnam

Mailing Address P.O. Box 422

City State Zip Code
Shallotte NC 28459-0422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Varnam Family Wellness Center

Occupation

ARNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2013

Transaction ID : SA11AI.5179

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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500.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mary Jo Wall

Mailing Address 1301 Greensview Ln

City State Zip Code
 Washington Court House OH 43160-1882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.4993

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Linda Watkins

Mailing Address 103 Cove Ln

City State Zip Code
 Madison MS 39110-7913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VA Medical Center

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.5246

Amount of Each Receipt this Period

65.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

C. Sandra Weiland

Mailing Address RR 5 Box 940

City State Zip Code
 Coalgate OK 74538-9529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tri-County Family Health

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 27 / 2013

Transaction ID : SA11AI.5204

Amount of Each Receipt this Period

200.00

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635.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Melinda Whitten

Mailing Address 6923 E. 67th St.

City State Zip Code
Tulsa OK 74133-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Warren Clinics

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5245

Amount of Each Receipt this Period

150.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

B. Melinda Whitten

Mailing Address 6923 E. 67th St.

City State Zip Code
Tulsa OK 74133-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Warren Clinics

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11AI.5092

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Wendy Wright

Mailing Address 2 Rolling Woods Dr.

City State Zip Code
Bedford NH 03110-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright & Assoc Family Health

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Wendy Wright

Mailing Address 2 Rolling Woods Dr.

City State Zip Code
 Bedford NH 03110-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright & Assoc Family Health

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 25 / 2013

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Nancy Zaner

Mailing Address 1402 E. Hubach Hill Dr.

City State Zip Code
 Raymore MO 64083-9485

FEC ID number of contributing
federal political committee.

C

Name of Employer

Take Care Health Systems

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : SA11AI.5220

Amount of Each Receipt this Period

50.00

In-kind - Raffle Item

Full Name (Last, First, Middle Initial)

c. Nancy Zaner

Mailing Address 1402 E. Hubach Hill Dr.

City State Zip Code
 Raymore MO 64083-9485

FEC ID number of contributing
federal political committee.

C

Name of Employer

Take Care Health Systems

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 24 / 2013

Transaction ID : SA11AI.5059

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Janette Zdanuk

Mailing Address 6612 Fairway Drive

City

Westworth Village

State

TX

Zip Code

76114-4034

FEC ID number of contributing
federal political committee.

C

Name of Employer

VPA

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11AI.5248

Amount of Each Receipt this Period

50.00

In-kind - State Basket Raffle Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

38750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. American Association of Nurse Practitioners Political Action Committee PAC 2

Mailing Address 225 Reinekers Lane
Suite 525

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C C00382440

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

51387.29

Date of Receipt

01 / **23** / **2013**

Transaction ID : SA12.5317

Amount of Each Receipt this Period

51387.29

Transfer from former ACNP PAC as a result of merger

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51387.29

51387.29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

Mailing Address P.O. BOX 12846

City Austin State TX Zip Code 78711

Purpose of Disbursement
In-kind - Silent Auction Items

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 28 2013
Transaction ID : SB21B.5272

Amount of Each Disbursement this Period

1005.00

Full Name (Last, First, Middle Initial)

B. AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

Mailing Address P.O. BOX 12846

City Austin State TX Zip Code 78711

Purpose of Disbursement
In-kind - Silent Auction Items

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 19 2013
Transaction ID : SB21B.5309

Amount of Each Disbursement this Period

2555.00

Full Name (Last, First, Middle Initial)

C. Louann Bailey

Mailing Address 3060 Rainbow Ln

City Richfield State OH Zip Code 44286

Purpose of Disbursement
In-kind - Silent Auction Item

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 19 2013
Transaction ID : SB21B.5315

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3660.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Judith Berg

Mailing Address 800 the Mark Ln

City	State	Zip Code
San Diego	CA	92101-7173

Purpose of Disbursement
In-kind - Silent Auction Items

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB21B.5316

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

B. Judith Berg

Mailing Address 800 the Mark Ln

City	State	Zip Code
San Diego	CA	92101-7173

Purpose of Disbursement
In-kind - PAC Event Decorations

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB21B.5370

Amount of Each Disbursement this Period

213.00

Full Name (Last, First, Middle Initial)

C. Andrea Brassard

Mailing Address 4701 Ramsgate Ln.

City	State	Zip Code
Bowie	MD	20715-3216

Purpose of Disbursement
In-kind - State Basket Raffle Donation

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Transaction ID : SB21B.5261

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1363.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Karen Hoyt

Date of Disbursement

Mailing Address 211 Dahlia Ave.

City	State	Zip Code
Imperial Beach	CA	91932-1944

Transaction ID : SB21B.5310

Purpose of Disbursement	In-kind - Silent Auction Item
-------------------------	-------------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Age Group	Number of people
13-17	100
18-24	150
25-34	180
35-44	120
45-54	160
55-64	140
65-74	110
75-84	90
85+	80

Full Name (Last, First, Middle Initial)

B. Marianne Hurley

Date of Disbursement

Mailing Address 170 Silver Lake Ave.

City	State	Zip Code
Wakefield	RI	02879-4224

Transaction ID : SB21B.5313

Purpose of Disbursement	In-kind - Silent Auction Item
-------------------------	-------------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last, First, Middle Initial)

C. Penny Kaye Jensen

Date of Disbursement

Mailing Address 2461 E. Kensington Ave.

City	State	Zip Code
Salt Lake City	UT	84108-2415

Transaction ID : SB21B.5281

Purpose of Disbursement

In-kind - Silent Auction

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

250.00

SUBTOTAL of Disbursements This Page (optional).....

550.00

TOTAL This Period (last page this line number only).....

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Penny Kaye Jensen

Mailing Address 2461 E. Kensington Ave.

City	State	Zip Code
Salt Lake City	UT	84108-2415

Purpose of Disbursement
In-kind - Silent Auction Item

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB21B.5311

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Penny Kaye Jensen

Mailing Address 2461 E. Kensington Ave.

City	State	Zip Code
Salt Lake City	UT	84108-2415

Purpose of Disbursement
In-kind - PAC Event Decorations

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB21B.5372

Amount of Each Disbursement this Period

451.00

Full Name (Last, First, Middle Initial)

C. Lenora Lorenzo

Mailing Address PO Box 474 62-394 JP Leong Hw

City	State	Zip Code
Haleiwa	HI	96712-0474

Purpose of Disbursement
In-kind - Silent Auction - 7 day Hawaiian Vacation Condo

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB21B.5209

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1651.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mary Ellen Roberts

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	9			2	0	1	3		

Mailing Address 10 Meadowbrook Dr.

City	State	Zip Code
Short Hills	NJ	07078-3316

Transaction ID : SB21B.5312Purpose of Disbursement
In-kind - Silent Auction Items

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

395.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. Mary Ellen Roberts

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	9			2	0	1	3		

Mailing Address 10 Meadowbrook Dr.

City	State	Zip Code
Short Hills	NJ	07078-3316

Transaction ID : SB21B.5371Purpose of Disbursement
In-kind - PAC Event Decorations

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

171.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. Jacolin Shifrar

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	9			2	0	1	3		

Mailing Address 1150 E. 3900 S.

City	State	Zip Code
Salt Lake City	UT	84124-1282

Transaction ID : SB21B.5285Purpose of Disbursement
In-kind - Silent Auction Item

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

100.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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SUBTOTAL of Disbursements This Page (optional)..... ►

666.00

TOTAL This Period (last page this line number only)..... ►

7890.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Roy Blunt

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Mailing Address 209 Pennsylvania Ave, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 00

Transaction ID : SB23.5337

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2013

Mailing Address PO BOX 423

City	State	Zip Code
MIDLAND	MI	48640

Purpose of Disbursement
Voided Check

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB23.5321

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. ERIC CANTOR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2013

Mailing Address PO BOX 17813

City	State	Zip Code
RICHMOND	VA	23226

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District: 07

Transaction ID : SB23.5362

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARIA CANTWELL

Mailing Address PO BOX 12740

City	State	Zip Code
SEATTLE	WA	98111

Purpose of Disbursement
Voided Check

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WA	District: 00

Disbursement For:
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	08	/	2013

Transaction ID : SB23.5320

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. LOIS CAPPS

Mailing Address P.O. BOX 23940

City	State	Zip Code
SANTA BARBARA	CA	93121

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 24

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SB23.5339

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROSA DELAURO

Mailing Address 12 TRUMBALL ST

City	State	Zip Code
NEW HAVEN	CT	06511

Purpose of Disbursement
Voided check

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2013

Transaction ID : SB23.5323

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MAZIE HERONO

Mailing Address PO BOX 677

City	State	Zip Code
HONOLULU	HI	96809

Purpose of Disbursement
Voided Check

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2013

Transaction ID : SB23.5322

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. NICK LAMPSON

Mailing Address P.O. BOX 21500

City	State	Zip Code
BEAUMONT	TX	77720

Purpose of Disbursement
Voided check

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2013

Transaction ID : SB23.5325

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. DAVID MCKINLEY

Mailing Address PO BOX 642

City	State	Zip Code
MORGANTOWN	WV	26507

Purpose of Disbursement
Voided check

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2013

Transaction ID : SB23.5324

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ORRIN HATCH PAC

Mailing Address PO BOX 3986

City
WASHINGTONState
DCZip Code
20027

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : SB23.5348

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS

Mailing Address PO BOX 433

City
GREAT BENDState
KSZip Code
67530

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

Transaction ID : SB23.5358

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TOM UDALL

Mailing Address PO BOX 25766

City
ALBUQUERQUEState
NMZip Code
87125

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State: NM

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : SB23.5344

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHRIS VAN HOLLEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2013

Mailing Address 10537 ST. PAUL ST.

City	State	Zip Code
KENSINGTON	MD	20895

Transaction ID : SB23.5352

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 08

Full Name (Last, First, Middle Initial)

B. MARK WARNER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2013

Mailing Address 201 NORTH UNION STREET SUITE 300

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB23.5342

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

7500.00
